

Student Emergency Contact and Medical Information

PLEASE RETURN BEFORE FIRST CLASS

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
()	()	()	()
Cell Phone	Alternate Phone	Cell Phone	Alternate Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Cell Phone	Alternate Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Allergies/Special Health Considerations	
Child's Physician's Name	Physician's Phone Number
Insurance Company	Policy Number

I give authorization for emergency medical treatment and CPR to be given to my child by a first-aid certified staff person of Edmonds Montessori, LLC ☐ Yes ☐ No

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Persons authorized to pick up your child:

Name: _____ Relationship: _____ PH#1 _____ Ph#2 _____

Name: _____ Relationship: _____ PH#1 _____ Ph#2 _____

Name: _____ Relationship: _____ PH#1 _____ Ph#2 _____

Name: _____ Relationship: _____ PH#1 _____ Ph#2 _____

Student Background Information

What would you like us to call your child in class? _____

Has your child been to school before? ☐ Yes ☐ No If so, which one? _____

Are there any concerns that you would like us to know about? _____

What do you hope for your child in the school year? _____

Are there any other languages spoken at home? _____

Sibling Name(s)

List all children in your family even if they are not attending or applying to Edmonds Montessori, LLC

Name _____ Birthdate _____ Current School _____

Name _____ Birthdate _____ Current School _____

Name _____ Birthdate _____ Current School _____

I authorize my address, email and phone number to be published in the school directory intended for personal use only by families enrolled at Edmonds Montessori School. ☐ Yes ☐ No

I allow the school pictures of my child to be included in Edmonds Montessori, LLC exhibits and/or news coverage. ☐ Yes ☐ No

_____ I understand and agree that by signing and/or initialing this document electronically it will be treated as my legal signature, binding me to the terms above.

Notice of Nondiscriminatory Policy As To Student: Edmonds Montessori, LLC does not discriminate on the basis of race, ethnicity, gender, religious affiliation, sexual orientation or physical ability in the administration of our admissions and education policies.